OV #1 QU	11		NOTII	FICATIO	ON OF ASBESTO at to NJAC 8:60	S ABATE	EMENT	house	E A		li li	NΠ	re	lancon d		
Date of Notification (1)	41		٠,		of Building Owne		,		E C	; E	U	\mathbb{W}				
07/28/2017		Resid	dence	ii/Operato	01 (2)	lins				-50 VIEWBARA						
Agencies Notified	Type Notification			Street	Address			At	G	4-	2017					
EPA DEB	× Initial			Oit O	-1-7-0											
DEP DOL	Amended Amendment	t #			tate, Zip Code n Amboy, N.J.	08879			ASBES	TOS	COI	VTH	OL 8	Š.		
ĭ DOH	Emergency justification)	(includin	g		of Contact	00010		ASBESTOS CONTROL & LICENSING								
DCA	Cancellation			Frank	Milatta		-	- nor								
Name of Facility Where	Ahatement is Takir	a Place	(3)	FAC	ILITY INFORMA	TION	T (5									
Residence	DOLOTTON 13 TANI	ig i lace	(3)				Type of Faci									
Street Address							School Subcha	School (K-12) Subchapter 8 (Other than K-12)								
							Other (i.e. priva	ate & con	nmerc	ial bui	ldings	, hom	ies,		
City (5) South Amboy							Square Feet		# of Floo	rs	1	Bldg. A	Age			
County (6)				County	Code (7)		1,344		3		117					
Middlesex				(STATE	USE ONLY)		Current Use	(Prior if	being de	molisi	ned)					
Name of Monitoring Firm A. Seine Lighthouse	Hired by Building	Owner (8	3)	ASCI	M No.		of Abatement ks Tank Ser		ctor (9)							
Street Address						Street	Address				100		-			
PO Box 354 City, State, Zip Code							6 Liberty Avenue									
South Orange, NJ 0	7079				100000000000000000000000000000000000000	State, Zip Code ide, NJ 07205										
Project Manager for Moni		Т	Telepho	one No.		none No.		Lice	nse N	0						
Sarah Calandra					49-2666		-462-7465 01316									
Start Date (10) 08/11/2017		Schedu 08/22/		npletion	Date (11)		e of OSHA Monitor									
Occupancy Status During	Abatement (Chec			A. Seine Lighthouse Solutions Street Address												
× Facility Closed/Vaca		0.000	aont		20 05 00 00 00 00 00 00 00 00 00 00 00 00	Sox 354										
Abatement Performe	ed Outside of Norm	al Facilit	y Hours	B		1	tate, Zip Code									
Other – Describe: _						Sout	h Orange, N	n Orange, NJ 07079								
Scope of Work (Check All	That Apply)	E				_										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		STREET, STREET	Renova Demolit			×	Full Contai Mini-Enclo	nment v	with Nega	tive P	ressu	re				
						×		Procedu		Frield	I. D.	6				
		Is	Locati	on			a Non-Exem	pied (*)	and Non-	e Procedure Abatement						
Location			Normal ed Sole	ly	D	escription	of					Туре				
Asbestos-Containing N TO BE ABA		Ma	aintenar	nce/	Asbestos Cor	ntaining M	faterial (ACM) insulation,		Amount (Specify		71		Ē	ш		
In Facility (13)	у	Cus	todial S (12)	statt?	surf	acing, VA	T, or		SF or LF		Remova	Repair	caps	Enclosure		
(10)		Yes	No	N/A	other	miscellan	eous)				oval	air	Encapsulate	sure		
Baseme	X	1021	р	ipe wraj	D .	-	100 LF		X		35					
							.00 21		1.2							
	*							1								
Name of Paristers 116																
Name of Registered Waste Newark Carting	e mauier			JDEP W auler ID		Yards aste			stered La							
City, State			04	509			Waste Management Landfill									
East Orange, NJ					Dispo	sal Date	City, S		e, PA							
Completed by		Title				Signature		Gigyi	J, I A	Dat	e			_		
Alison Lamers	ager		WW	WINCH	7/U/S 07/28/2017											

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:60 and 12:120)

CIC# 1180		(Pt	irsuant 1	to NJAC 8	3:60 and	12:120))		Poster	7		E	Ī	\mathbb{M}	E		
Date of Notification (1) 07-31-17	Name of Perina	- A - A - A - A - A - A - A - A - A - A	灯		-	- Contract		The same of the									
Agencies Notified Type Notification	ncies Notified Type Notification								Date of the last		AU	6 -	- 4	2017	-		
EPA Initial Amended															3000		
DOL Amendment	Amendment # West Orange, NJ 07052											108	CO	VTRO	DL &		
DOH justification)	justification)												NSIP	90			
DCA Cancellation	RMATI	ON	-					-									
Name of Facility Where Abatement is Taking Private Home	Place (3)					Ту	pe of Facility (4 School (K-12									
Street Address	and the second				K	Subchapter Other (i.e. pr	8 (Oth	(Other than K-12) vate & commercial buildings, homes,									
City (5)		-					Sq	etc.) uare Feet	# 0	Floors	s	В	ldg. A	ge	\neg		
West Orange																	
County (6) Essex			County C (STATE U	Code (7) ISE ONLY)			Cu	irrent Use (Prio	r if bei	ng den	nolish	ed)					
Name of Monitoring Firm Hired by Building (N/A	wner (8)		ASCM	No.				batement Cont ontracting Ll		(9)							
Street Address				Street 522	10177												
City, State, Zip Code		7															
Project Manager for Monitoring Firm	T	Telephor	ne No.		Telephone No. License No.												
		S		0.0000000000000000000000000000000000000	nts whoest	6-9603		01206									
Start Date (10) 08-09-17	Date (11)		Name of OSHA Monitor Delfa Contracting LLC														
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street 522											
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 7:00 Am - 5:00 Pm		_	City, State, Zip Code Union City NJ 07087														
Scope of Work (Check All That Apply)												Marie III					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoliti				2	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
	Τ ,.	1 41					Non-Exempted (*				*) and Non-Friable			Abatement			
Location of	1	Locati	у		De	scription	ı of					Туре					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	d Sole intenar todial S (12)	nce/	Asbesi (i.e.	tos Containing Material (ACM) thermal systems insulation, surfacing, VAT, or other miscellaneous)				(5	mount Specify F or LF	,	Removal	Repair	Encapsulate	Enclosure			
	Yes	No	N/A														
Basement		Х			Pipe	Insula	atio	n	1	10 LF		X			-		
Name of Deviators d Monta Liveton		1 61	IDEDIA	laata	Cubic	Varda		Nama of	Pogiati	arod I	ndfil						
Name of Registered Waste Hauler Delfa Contracting LLC		100	JDEP W auler ID 35240	No.	of Wa	Yards ste 2			Registered Landfill vn Resource Recovery Facility								
City, State Union City, NJ						sal Date		City, State		4							
Completed by Jaime Delgado Title Proj. Manager.							Signature Date 07-31-17										

Ch476	NC		ATION C	e of New C DF ASBES NJAC 8:6	TOS A					E (2 [E		7 [
Date of Notification (1) 08/01/2017		Name of Building Owner/Operator (2) Westfield BOE								AL	JG	- 4	20	17		
Agencies Notified Type Notification	ies Notified Type Notification Street Address 302 Elm Street															
EPA X Initial Amended	EPA X Initial Gity State									ASBESTOS CONTROL & LICENSING						
X DOL Amendment #	America															
DOH justification) Cancellation		1 322		Jontact der Dohn	Telephone Number											
Name of Carilla Where Abstract is Taking Di	200 (3)		FACIL	ITY INFOR	RMATIC	N	Type of	Facility (4)							
Name of Facility Where Abatement is Taking Pl Roosevelt School	ace (3)							chool (K-12								
Street Address								bchapter 8 ther (i.e. pr				uildir	ngs, h	omes	. 1	
301 Clark Street City (5)							Square	c.) Feet	# of	Floors		Bld	g. Ag	e	-	
Westfield							•									
County (6) Union		C	ounty C	ode (7) SE ONLY)			Curren	t Use (Prio ol	r if bein	g demoli	ished)				
Name of Monitoring Firm Hired by Building Own	ner (8)		ASCM					ment Cont	ractor (9)						
USA Environmental			00112	2			Co. In								_	
Street Address 344 W. State Street	,						eet Address 08 Piaget Ave									
City, State, Zip Code Trenton, NJ 08618						y, State, Zip Code lifton NJ 07011										
Project Manager for Monitoring Firm	10.00	elephon	e No. 6-8101			none No. 253-88			License		0					
William Weisgarber Start Date (10) So	hedule	10000		Date (11)				A Monitor		00704					\dashv	
08/11/2017	3/11/2	017					Co. Ir									
Occupancy Status During Abatement (Check C						Street	Address	3								
Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal Other – Describe: 3;00 pm-11:00pm			ent			City, State, Zip Code										
Scope of Work (Check All That Apply)												12.00				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		enovat emoliti					Mini Glov	Containme -Enclosure vebag Proc	edure	·						
-	le.	Locatio	20			Ľ	1 Non	d (*) and Non-Friable				Abatement				
Location of	N	lormally d Solel	y			Description of				- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		Туре				
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	ntenan odial S	ice/		thermal	system	Material ns insula		(5	mount specify		Rei	R	Enca	Enc	
In Facility (13)	Oust	(12)	tan:			cing, V/ niscella			SF	or LF)		Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A											te	(D	
Auditorium pipe chase		×	pipe	insula	ition "v	wrap &	cut"	5	5 LF		X					
													*			
Name of Registered Waste Hauler		IN	JDEP W	Jaste	Cubic	Yards		Name of	Registe	ered Land	dfill					
Newark Carting Inc		Н	auler ID 4509		of Wa			GROW								
City, State Newark, NJ					Dispo	sal Date	e	City, Stat Morrisv		А						
Completed by Voytek Roszkowski	ident			3	Signature				Date 08/01/2017							

^	525	_0					w Jersey	г									
Ch Alde	45	N	IOTIF				BESTOS ABAT C 8:60 and 5:16	DEG		\mathbb{V}	E	M					
Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	D)									
08/	02 /	17			Veri	zon		and the second	U L' AUG	- 4	2017		U				
Agencies Notified	Type Notifica	ition		_	Street	Address						2000					
⊠ EPA	☐ Initial				1 Ve	rizon Wa	ay		ASBESTOS CONTROL &								
□ DOLWD □ DOLWD					City, S	tate, Zip C	ode			ENSIA		٥ ــاك	4				
☑ DHSS ☐ DCA	Amendme		udina		Bas	king Rid	ge, NJ										
(NJAC 5:23-8)	justification		ading		Name	of Contact			Telephone Number								
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)																	
Name of Facility Where A	(4)																
Verizon								School (K-12		2)							
Street Address									3 (Other than K-1) rivate and comme		ildina	S.					
10 Phillips Drive								homes, etc.)									
City (5)			8.01217-					Square Feet	# of Floors	Blo	dg. Aç	je					
Old Bridge, NJ 088	57							10,000	3		50						
County (6) Middldesex		***			Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)							
Name of Monitoring Firm	Hired by Ruild	lina Ov	uner (8	0 1	ASCM I	No.	Name of Abateme	ent Contractor (9)									
USA Environmenta		- TO YOU	0.70	" ['	NOOIVI I	10.	JVN Restora	100 A									
Street Address	i wanagaeni	ient n					Street Address	don mo									
8436 Enterprise Av	enue						47 Foster Ro	ad									
City, State, Zip Code							City, State, Zip Co										
Philadelphia, PA 19	153					Staten Island NY 10309											
Project Manager for Mon				Tele	phone I	No.	Telephone No.		License No.		7.		-				
Mark Jenkins	•				5-365		718-605-6256	;	00774								
Start Date (10)	Name of OSHA N	Ionitor															
08/10/	Expension 1	Schedu 08			_ / _		Testor Tech										
Occupancy Status During	Abatement (0	Check	only or	ne)			Street Address										
☐ Facility Closed/Vacate	ed During Entir	re Perio	od of A	bater	nent		10 59 Jackso	n Avenue									
Abatement Performed						cribe	City, State, Zip Co	ode									
Time of Abatement: _	AIVI	PIVI/	5.00	-IVI- <u>1.</u>	30AIVI		LIC NY 11101	l									
Scope of Work (Check al	I that apply)						Π F:: C	tainerant with Na	nativa Dragoviro								
			⊠ Rer	ovati	on		☐ Mini-End	tainment with Neg closure	gative Pressure								
_ ≥160 sf or ≥260 lf		[] Der	nolitic	n			g Procedure	n-Friable Proced								
			ls	Locat	ion	I	□ Moli-Exe	impled () and No	III-FIIADIE FIOCEG	-	atem	ont T	VDO				
Location	of		N	orma	ly		Description of	of		-	_						
Asbestos-Containing	Material (ACM	1)		d Sole			stos Containing Ma	aterial (ACM)	Amount	₹em	Repair	nca	ncl				
TO BE ABA					Staff?	(ı.e	., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	air.	psu	Enclosure				
(13)	·y			(12)			other miscellane		0. 0. 2. /	_		Encapsulate	re				
			Yes	No	N/A												
Ground Floor A/C, Be	oiler Room					Pipe Ins	sulation and Fit	tings	20 LF								
											Ш	Ш	Ш				
Name of Registered Was	te Hauler			IN	JDEP \		Cubic Yards of	Name of Regi	stered Landfill								
Newark Carting				Н	auler II		Waste 30	G.R.O.W.S	S., Inc.								
City, State					140-00		Disposal Date	City, State									
Hackettstown, NJ							08/25/17	Morrisville	e,PA								
Completed By (Print or T	ype)	Title					Signature	1//		Date							
Ralph Barnhardt Project Manager							1/11	h Lhu		03-0	3-	201	7				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

		N	ОТ					STOS ABAT 8:60 and 5:1		MEC	E		V			
Date of Notification (1)		-			Name	of Buildin	a Ov	vner/Operator ((2)		2					
07/			rizon	g O.	men operator ((4)	IJ∐ AU	G - 4	. 2	017						
Agencies Notified		Stree	t Address			i										
⊠ EPA					1 V	erizon W	ay		ASBESTOS CONTROL &							
☑ DOLWD ☑ DHSS	☐ Amender Amendm				City, S	State, Zip (Code				ICENS			- CI		
□ DCA	☐ Emerger		dina	į.	Bas	sking Ric	lge,	NJ			-	-				
(NJAC 5:23-8)	justificati	ion)	u9		Name	of Contac	t			Telephone N	Number					
W.C.F.	☐ Cancella	tion			Ale	x Baylor										
	***************************************	***			FA	CILITY IN	IFOI	RMATION		I)						
Name of Facility Where A	batement is	Taking P	lace	(3)					Type of Facility	(4)						
Verizon									☐ School (K-1							
Street Address						the same of the same			Subchapter	8 (Other than k	(-12)					
10 Phillips Drive									homes, etc.	private and com	imercial	build	lings,			
City (5)									Square Feet	# of Floors		Bldg. Age				
Old Bridge, NJ 0885	7								10,000	3		50				
County (6)					Cour	nty Code (7)(STA	ATE USE ONLY)	A	rior if being den	nolished	1)				
Middldesex						# SS E40						V.				
Name of Monitoring Firm I	Hired by Build	ding Owr	ner (8)	ASCM	No.	Na	me of Abateme	l ent Contractor (9))						
USA Environmental	Managaen	nent Inc	·. `				11 62	IVN Restora		2/						
Street Address							Str	eet Address								
8436 Enterprise Ave							7 Foster Ro	ad								
City, State, Zip Code			-					y, State, Zip Co								
Philadelphia, PA 19						Staten Island										
Project Manager for Monit			Tele	phone	No.	-	ephone No.		License No)						
Mark Jenkins				5-365		1000000	18-605-6256	į.	00774							
Start Date (10)	omple	tion Da	te (11)	Nai	me of OSHA N	lonitor										
08/14/				35		/ _17 Testor Tech										
Occupancy Status During	Check or	ılv o	ne)			Str	eet Address				11000					
☐ Facility Closed/Vacated				nent		0.000	0 59 Jackso	n Avenue								
Abatement Performed	Outside of No	ormal Fa	cility	Hour	s - Des	cribe		y, State, Zip Co								
Time of Abatement:	AM	PM/ <u>5</u>	:00	PM- <u>1:</u>	<u>30</u> AM		1000	IC NY 11101								
Scope of Work (Check all	that apply)											25.00				
		-	4						tainment with Ne	gative Pressure)					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		\boxtimes		novati molitio				☐ Mini-Enc	losure g Procedure							
			DCI	HOHEIC	11				mpted (*) and N	on-Friable Proce	edure					
				Locat	37033							Abate	ement	t Type		
Location of		.		Iormal d Sole			44355	Description o			-					
Asbestos-Containing N TO BE ABAT		1)		ntena				Containing Ma ermal systems		Amount (Specify		Removal	Repair	nclo		
IN Facility			Cust	odial S	Staff?		S	surfacing, VAT,	or	SF or LF)		2	Repair	Enclosure		
(13)		_	es	(12) No	N/A	1	oti	her miscellane	ous)				96	2 0		
C	I - D					5: 1			•		-	71 5		-		
Ground Floor A/C, Boi	ier Room		7			Pipe Ins	sula	tion and Fitt	ings	20 LF	12	3 [7 L			
]													
	П							Г	71	717	70					
		1									7 6					
Name of Desisters 4 10/s at	Harden]				0.1		Tu (5							
Name of Registered Waste			10 25.05	JDEP V auler ID		Wa	oic Yards of		stered Landfill							
Newark Carting				NJ-56		3	0	G.R.O.W.5	o., Inc.							
City, State								posal Date	City, State	7.551.59						
Hackettstown, NJ							0	8/25/17	Morrisville	e,PA						
Completed By (Print or Typ	oe)	Title						Signature /	11/1/1		Date			-55210		
Ralph Barnhardt		Pro	ect	Man	ager			1/4/	Mh//h 21-2017					7		

Courtesy Notification Print Form State of New Jersey No check required. NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 8/3/17 47 Cooper Street, LLC Agencies Notified Type Notification Street Address 57 Uclid Street **ASBESTOS CONTROL & EPA** Initial City, State, Zip Code LICENSING DEP Amended × DOL Amendment # Woodbury, NJ 08096 Emergency (including Name of Contact Telephone Number × DOH justification) DCA Ken Zane Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Office Building School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 47 Cooper Street × City (5) Square Feet # of Floors Bldg. Age Woodbury 1,500 65 years old County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Gloucester Commercial Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) RT Environmental ecoservices, LLC Street Address Street Address 510 Heron Drive. 303 B National Road City, State, Zip Code City, State, Zip Code Bridgeport, NJ 08014 Exton, PA 19341 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Tony Alessandrini 610-265-1510 484-872-8884 01161 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8/7/17 **EMSL** Occupancy Status During Abatement (Check Only One) Street Address 200 Route 130 North Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Abatement performed in segregated area City, State, Zip Code × Cinnaminson, NJ Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Front Office X Floor tile 2.5 SF